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- health planning & resource development bureau
- emergency medical services bureau
- licensing & certification bureau

HEALTH MATTERS

STATE DOCUMENTS COLLECTION

Hospital & Medical Facilities Division

Department of Health & Environmental Sciences, Cogswell Building, Helena 59601

1978

Judge Appoints Health Planning Advisory Group

Governor Thomas L. Judge has named the health care consumers and providers who will make up the 1978 State Health Coordinating Council.

Consumer members, by sub-area, are: Eastern—Gloria Heggen, Ekalaka; North Central—Al Klingler, Shelby; South Central—Barbara Schilling, McLeod; Southwestern—Bob Marks, Clancy; Northwestern—Anita Richards, Seeley Lake.

Members from special consumer groups are: Native American—Charles Fisher, Babb; Elected Local Officials—John St. Jermain, Great Falls; Governor's office—John Allen, Helena. At-large consumer members are Jack Dodd, Whitefish, and Bob Bell, Culbertson.

Provider members are: Physicians—Vincent Amicucci, Helena and John Halseth, Great Falls; Health Facility Administrators—Phil Auble, Glendive and Kent Ferguson, Hot Springs; Registered Nurse—Sharon Diezger, Great Falls; Veterans Administration—John Bunker, Fort Harrison; Allied Health Professions—Bryce Hughett, Billings; At-large—Phil Catalfomo, Missoula.

The Council, referred to as the SHCC, is mandated by PL 93-641, the National Health Planning & Resources Development Act of 1974. It is the citizen advisory group to the State Health Planning & Resource Development Agency.

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Dear Readers

It is with pleasure that we introduce you to our first issue of "Health Matters," a publication of the Hospital & Medical Facilities Division of the Montana Department of Health & Environmental Sciences.

Our purpose is to inform providers and consumers of health care of changes as they occur in the programs of our three bureaus—Health Planning & Resource Development Bureau, Emergency Medical Services Bureau, and Licensing & Certification Bureau.

The National Health Planning Act, PL 93-641, is a complex, and in some instances, controversial piece of legislation. The Emergency Medical Services program is exciting in its concepts, yet opinions vary on many of the program requirements and on the grant process itself. Federal regulations concerning Medicare-Medicaid certification of health care facilities are ever-changing and often considered inapplicable to Montana because of the rural character of our state.

Through this publication the Division staff will make a sincere effort to address these issues and keep you abreast of the changes which are sure to occur in the months to come.

We think you will find "Health Matters" an interesting and informational newsletter. Any comments you have, be they negative or affirmative, are welcome and will be given the attention of our staff. Please address your correspondence to the editor, Marylor Lahey, Hospital & Medical Facilities Division, Cogswell Building, Helena, MT 59601.

Sincerely,

George M. Fenner, Administrator,
Hospital & Medical Facilities
Division

A. C. Knight, M.D., Director,
Department of Health &
Environmental Sciences

State Health Policies to be Studied

The Health Planning & Resource Development Bureau (SHPDA), and its advisory group, the State-wide Health Coordinating Council, (SHCC), are studying state health programs, policies, and funding priorities.

The study, along with conclusions and recommendations, will be the basis of the Montana State Health Plan, which is required by PL 93-641, the National Health Planning & Resources Development Act of 1974.

The schedule calls for completion of the first edition of the Plan in time for the 1979 legislative session.

The Plan will include four major sections—overview and inventory of existing programs and expenditures, analysis of selected health problems and of the policies and programs related to the problems, medical facilities plan, and summary of the work of the Montana Health Systems Agency.

The SHPDA is now developing the overview and program inven-

tory through a series of informational meetings with other governmental and quasi-governmental agencies.

On March 22, the SHCC began the policy analysis section by identifying four major health problems for policy analysis: 1) lack of health education for consumers, especially in prevention of illness and effective use of health resources; 2) maldistribution of health manpower and facilities; 3) lack of comprehensive standard coverage under the major third-party payors; and 4) deterioration of environmental quality. The inflationary cost of health care was identified as a problem to be monitored continuously.

The next steps are clarification of the problems by the SHCC Plan Development Committee, review and approval by the Governor's staff, and selection by the SHCC and the SHPDA of the target problems for the year. After the selection, the SHPDA will develop a policy and program analysis for the target problems.

The SHCC Plan Development Committee met this month. Committee members are Sharon Dieziger, chairwoman, Great Falls; Gloria Heggen, Ekalaka; Anita Richards, Seeley Lake; Vincent Amicucci, Helena; and Barbara Schilling, McLeod.

The medical facilities section will be a detachable portion of the Plan and will be used to determine bed needs and indicate modernization or replacement needs for health care facilities and services throughout the state. It is developed by the SHPDA and will be known as The State Medical Facilities Plan.

The health systems agency section will summarize the plan of the Montana Health Systems Agency for the private sector and will give the reader an idea of how the two plans, the Montana State Health Plan and the Montana Health Systems Plan, will mesh to guide the orderly development of health care in Montana.

SHCC—

(Continued from page 1)

The same group of people also constitutes the Executive Board of the Montana Health Systems Agency. This arrangement is intended to strengthen coordination between the Health Systems Agency and the State Health Planning & Development Agency.

Rural EMS—QRU's May Help

Because of cost, many Montana communities lack adequate emergency medical services. Quick Response Units are emerging as a practical solution in communities where an ambulance service is too expensive.

The idea of a Quick Response Unit is to train and equip a group of render basic life support at the scene of the emergency to stabilize the patient until professional medical care can be obtained.

Members of a Quick Response Unit are trained to assess a patient's condition, maintain an adequate airway, administer oxygen, perform cardio-pulmonary resuscitation, control hemorrhage, and immobilize fractures and dislocations.

The Emergency Medical Services Bureau is developing guidelines for Quick Response Units: all members of the unit should have a minimum of CPR training and Advanced Red Cross First Aid and Emergency Care; the unit should have communications equipment that operates on the statewide EMS radio system; the unit should have reliable transportation available 24 hours per day.

Several communities have Quick Response Units in operation; feedback from those areas indicates that a QRU can be a valuable part of the Montana EMS system.

The Bureau would be happy to discuss QRUs with interested groups. For more information, contact Bureau Chief Drew Dawson, EMS Bureau, Cogswell Building, Helena, MT 59601. Phone (406) 449-3895.

HEALTH MATTERS

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Views and comments are welcomed. Address letters to the Editor, HEALTH MATTERS, Hospital & Medical Facilities Division, Cogswell Building, Helena, MT 59601.

Division Administrator—

George M. Fenner

Editor Marylor Lahey

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ARTCRAFT PRINTERS

SHPDA, HSA: Two Agencies With Two Roles

Many Montanans have been confused about the identity and functions of the Montana Health Systems Agency and the Health Planning & Resource Development Bureau.

This article is intended to clarify the separate roles of the two agencies.

Both were established by PL 93-641, the National Health Planning & Resources Development Act of 1974, which created a network of Health Systems Agencies (HSA) across the nation and directed every state government to create a State Health Planning & Resource Development Agency (SHPDA).

The HSA is a non-profit, private agency, headed by an executive director and a governing board of consumers and providers of health care. The responsibilities of an HSA are to develop a Health Systems Plan for the health care delivery system in its area; and to guide implementation by reviewing certain expenditures proposed by the area's health facilities and services.

Most states have a number of health systems areas and agencies. Montana, like other sparsely-populated states, is an exception, having one health systems area and agency.

All states have one SHPDA, whose responsibilities are to develop a State Health Plan, to coordinate planning of health programs in state government, to exercise final authority in expenditure reviews, and, in states where there is more than one HSA, to coordinate the work of the HSAs. The Montana SHPDA is the Health Planning and Resource Development Bureau.

Recently, the Montana SHPDA began to develop The State Health Plan, which is primarily an analysis of state health policies and programs. The SHPDA has also draft-

EMT Exam Strengthened

A new practical skills examination for Emergency Medical Technicians is being administered by the Emergency Medical Services Bureau.

Based on the exam developed by the National Registry for EMTs, the new format consists of eight stations, each one simulating a different emergency situation. Volunteer "patients" are "wounded" with make-up and plastic mouldages of trauma, set realistically in the stations.

The candidate must confront each situation and be evaluated by MDs, RNs, and EMTs on whether he or she recognizes all the potential problems, ranks them in order of importance, and takes effective measures to stabilize the "patient." To insure control and consistency, all examinations are supervised by the staff of the EMS Bureau.

In previous exams, various EMT skills were tested independently. The new exam, with its total patient concept and with the intensity and realism of the setting, has proven to be more difficult for a majority of the candidates. For example, candidates have been distracted by bloody but essentially minor wounds and have ignored the fact that the "patient" has an obstructed airway and presents signs of approaching death.

To date, 250 individuals, both new trainees and renewing EMTs, have taken the exam in seven locations. They have demonstrated a wide variation in level of skill.

The exam results point to a need for improvements that would bring to EMT training programs the realism and immediacy of the new exam.

EMS Conducts Pilot Data Study

The Emergency Medical Services Bureau is conducting a pilot study of the data collection system it has developed with the cooperation and support of the Montana Medical Records Association, the Montana Hospital Association, and the Montana Medical Association's Committee on Emergency Medical Services.

The system is designed to cap-

ed a number of service components for the Health Systems Plan.

The two agencies, one private, the other governmental, work together on data management, project reviews, and other activities of mutual interest.

The address of the SHPDA is Health Planning & Resource Development Bureau, Department of Health & Environmental Sciences, Cogswell Building, Helena, MT 59601; Phone: (406) 449-3121; Bureau Chief: Wallace A. King.

The address of the HSA is Montana Health Systems Agency, Inc., 324 Fuller Avenue, Helena, MT 59601; Phone: (406) 443-5965; Executive Director: Ralph Gildroy.

ture data on a clearly defined population of critically ill and injured patients being treated in hospital emergency departments.

The basic purpose of the system is to determine the distribution, type, and number of emergency patients seen throughout Montana. The prime use of the data is for planning improvements in the network of emergency medical services across the state. In addition, data can be used to determine what, if any, impact training programs or new equipment have on the care of emergency patients.

The pilot will uncover problem areas in the system and provide information about feasibility and cost to the hospitals which adopt the system. The results of the pilot and the suggestions received from the pilot hospitals will be used to revise and adjust the system.

Seventeen Montana hospitals have agreed to participate in the pilot study and to offer their comments and suggestions. EMS Bureau staff hope the process will dispel what appears to be a lack of understanding about the purpose and goals of EMS data collection.

Fenner Elected

George M. Fenner, administrator of the Hospital & Medical Facilities Division was elected president of the National Association of Health Facility Licensure and Certification Directors at the Association's annual meeting in Snowbird, Utah.

The Association is an affiliate of the Association of State and Territorial Health Officers. Its purposes include monitoring the rule-making of HEW's Health Care Financing Administration; providing review and comment when new regulations are proposed; improving federal-state relationships; and promoting the development of education programs for health facility surveyors.

Fenner's term of office expires in September, 1978.

Manpower Clearinghouse

Health manpower clearinghouse services are currently being offered by the Health Planning & Resource Development Bureau.

The Bureau maintains one list of job seekers and another list of the persons, facilities, and communities seeking applicants for vacant health care positions. Parties with matching needs are put in touch with one another.

Persons seeking employment in the health care field should submit a resumé and a letter describing the desired type of employment and the acceptable geographical areas; those looking for applicants should send the specifications and other particulars of the vacant job.

All readers of "Health Matters" are invited to make use of this service, which is free of charge. Contact: Judith Johnston, Health Planning & Resource Development Bureau, Cogswell Building, Helena, MT 59601. Telephone (406) 449-3121.

Project Review Summary

as of April 10, 1978

DEFINITIONS

"C.O.N." — Certificate of Need

"No letter of intent or application" — No formal notice by applicant of intent to initiate project

"No Application" — No formal application for review

APPLICANT	PROPOSAL	COST	STATUS OF PROPOSAL
1. Billings Deaconess Hospital, Billings	Phase II construction	\$14 million	C.O.N. issued w/conditions
2. Roundup Hospital, Roundup	Re-opening	\$75,000	C.O.N. issued
3. Columbus Hospital, Great Falls	Radiotherapy Simulator	\$158,000	C.O.N. issued
4. Helena Nursing Home, Helena	Lease change	\$109,380	Applicant to resubmit after consulting with S.R.S.
5. Missoula Crippled Children & Adults Rehabilitation Center, Missoula	Home Health Agency		Applicant requested delay of 30 days
6. Community Hospital of Anaconda	Replacement	\$2.5 million	Review deadline is May 28, 1978
7. St. Vincent's Hospital, Billings	Add 10 medical/surgical beds	\$8,305	C.O.N. issued
8. Northern Montana Hospital, Havre	Lab equipment replacement	\$147,440	C.O.N. issued
9. Powell County Hospital, Deer Lodge	X-ray equipment replacement	\$96,602	C.O.N. issued
10. Lake County Home Health Agency, Polson	Add service area	fee for service	C.O.N. issued
11. Billings Area Indian Health Service, BIA, Billings	Nursing Home		No letter of intent or application
12. C. M. Corporation, Helena	Nursing Home		No letter of intent or application
13. James Mahon Hospital, Glasgow	Physicians Clinic		No letter of intent or application
14. Private Intermediate Care Facility, Billings	Private Intermediate Care for Developmentally Disabled		No letter of intent or application
15. St. James Hospital, Billings	Open Heart Surgery		No letter of intent or application

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